



CHANGE OF ZONE, SPECIAL PERMIT, AND MODIFICATION OF DEED COVENANTS & RESTRICTIONS CHECKLIST

1. **APPLICATION FORM** – Completed, signed, and notarized ()
2. **FEE** – (See schedule) Certified check, money order or attorney's escrow account check payable to the Town of Islip will be accepted ()
3. **ONE COPY OF DEED OR CONTRACT OF SALE** - Applicant must be the owner of the property (submit deed) or contract vendee (submit contract of sale) - A lease is not acceptable ()
4. **ONE CERTIFIED COPY OF CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE** - May be obtained at the Building Division located at One Manittion Court directly behind Town Hall (631) 224-5470 ()
5. **ONE COPY OF LEGAL DESCRIPTION** - Certified as accurate by a New York State Licensed Land Surveyor (signed and sealed). Include application Name and Suffolk County Tax Map Number ()
6. **ONE SCHEDULE A: METES & BOUNDS DESCRIPTION** - Submit a digital copy via CD or electronic mail (not necessary for a special permit - Use standard text or word processing file format) ()
7. **ONE COPY OF SURVEY** - Certified by a New York State Licensed Land Surveyor
Show bearings and distances
CHANGE OF ZONE APPLICATION: SURVEY NO OLDER THAN 6 MONTHS ☐ ()
SPECIAL PERMIT APPLICATION: SURVEY NO OLDER THAN 3 YEARS ☐
MODIFICATION OF DEED COVENANTS & RESTRICTIONS: SURVEY NO OLDER THAN 6 MONTHS ☐
8. **ONE COPY OF A RADIUS MAP** - A current tax map indicating all properties within 200 feet of the subject parcel. A current tax map may be obtained at the Assessor's Office – (631) 224-5585. If prepared by a surveyor, indicate all properties and ownership within 200 feet of the subject parcel(s) on the radius map. Alternatively, a GIS radius map may be requested from the Planning Division for an additional fee ()
9. **TWO COPIES OF NOTIFICATION LIST AND AFFIDAVIT, ONE COPY FOR SPECIAL PERMIT (NOTARIZED)** - Indicate all properties within 200 feet of the subject parcel(s). Notification shall be served as per Planning Division procedure contained herein and/or within Town Code Article 4(A). Ownership information may be obtained at the Assessor's Office ()
10. **TWO COPIES OF A SITE PLAN ACCEPTABLE TO THE PLANNING DIVISION** - Indicate proposed development of the site including site data, description, Please provide one additional copy each if review is required by the Suffolk County Planning New York State Department of Transportation ()
11. **SHORT ENVIRONMENTAL ASSESSMENT FORM (SEAF)** - (Complete Part 1 only) (Available from: <http://www.dec.ny.gov/permits/70293.html>) ()
12. **RESTAURANT & BAR PROPOSALS** - Two copies of floor plans for indoor recreation or restaurant indicating seating diagram and bar area ()
13. **ELEVATIONS** - One copy of building elevations for new construction including all proposed signage. This may also be required for existing buildings during the review process ()
14. **TRAFFIC IMPACT STUDY** – A traffic impact study may be required during the review process. If so, an additional review fee is required. See fee schedule. ()
15. **ADDITIONAL INFORMATION** – As required by staff ()



TOWN OF ISLIP
APPLICATION FOR MODIFICATION OF LAND USAGE

Petition to the Islip Town Board and/or Planning Board pursuant to the requirements of the code of the Town of Islip and New York State Town Law.

Town of Islip Planning Division
655 Main Street, Islip, New York 11751 • (631) 224-5450

REQUESTED MODIFICATION

- ☐ Change of Zoning District Classification to: _____
☐ Special Permit for: _____
- ☐ Modification of deed covenants and restrictions
Liber _____ Page _____ T.C. # _____
- ☐ Site plan design: _____
- ☐ Other: _____

Reason for request (use additional sheet if necessary):
Approval necessary prior to issuance of CO for proposed use.

PROPERTY OWNER

Name: _____
Address: _____
Tel. # () -
Fax () -

APPLICANT

Name: _____
Address: _____
Tel. # () -
Fax () -

Contract Vendee: ☐ Yes ☐ No

REPRESENTATIVE

Name: _____
Address: _____
Tel. # () -
Fax () -

DISCLOSURE

Is the applicant, owner, or anyone with financial interest in the property related to any officer or employee of the Town of Islip by blood, marriage or financial arrangement?

☐ Yes ☐ No

If yes, attach disclosure affidavit.

LAND USE AND SITE INFORMATION

- Tax Map # _____
- Location of property _____

Side of _____ Street _____ South of _____ Street

- School district name and number _____
- Existing zoning _____
- Area of site (sq. ft.) _____
- Is the property within 500' of the boundary line of:

	YES	NO
a. Town or village boundary	<input type="radio"/>	<input type="radio"/>
b. County, state, or federal land	<input type="radio"/>	<input type="radio"/>
c. County or state road	<input type="radio"/>	<input type="radio"/>
d. Stream, drainage channel, or wetlands	<input type="radio"/>	<input type="radio"/>
- Does the applicant/owner have any interest in contiguous property? ☐ YES ☐ NO
- If yes, state tax map number(s) _____

- Have there been any previous zoning applications on the property within the past year? ☐ YES ☐ NO
- Existing use of property: _____
- Proposed use of property: _____
- Proposed building floor area (include existing floor area if it is to remain): _____ sq. ft.
- Number of seats (if application is for a restaurant or other place of public assembly): _____
- Number of parking spaces required (in accordance with zoning ordinance): _____
- Number of parking spaces provided: _____

The information stated on this application and on supporting documentation is accurate and true. Any changes to this information prior to a decision by the board will be indicated in writing to the board.

Owner/Point of Contact (Print): _____

Signature of Owner: _____

Date: _____

Sworn to before me this _____ day of _____

in the year _____ Notary public: _____

NOTARY STAMP

DATE
STAMP

Important: Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

FOR OFFICE USE ONLY

TOTAL FEE RECEIVED \$ _____
RECEIPT # _____
CZ _____

INSTRUCTIONS FOR
NOTIFICATION OF SURROUNDING PROPERTY OWNERS
AND
SAMPLE NOTIFICATION LETTER

Prior to the Planning Board public hearing, all property owners within 200 feet of the subject parcel must be notified. It is the applicant's responsibility to prepare an accurate list of surrounding property owners and to notify them of the time and date of the Planning Board Public Hearing. The procedures below must be followed:

1. List A list of all property owners within a 200 foot radius must be prepared and submitted with the application. This list must be signed and notarized. A form is in the application package for your use. If the applicant owns or has an interest in property contiguous (adjacent) to the subject parcel, the list shall include property owners within 200 feet of the contiguous property. The list should include the Suffolk County Tax Map Number and the name and address of the owner of record for each parcel. This list must be prepared from the current records of the Town Assessor. The Town Assessor's Office is located at 40 Nassau Avenue, Islip directly behind the Main Town Hall. Please make a photocopy and save for yourself.
2. Notification After you submit a complete application, the Planning Department staff will review it and schedule it for a Planning Board public hearing. You will be notified of the date of the Planning Board public hearing and then be required to ***notify the surrounding property owners as they appear on the notification list at least ten (10) days prior to the hearing.*** Please review the attached sample notification letter and follow its format.
The notification must be certified mail, return receipt requested.
3. Signs The applicant is required to post ***PUBLIC NOTICE SIGNS on the subject parcel at least ten (10) days prior to the hearing.*** These signs are available at the Planning Department. At least three (3) signs shall be posted on each parcel and more may be required depending on the size of the parcel. ***These signs should be removed immediately after the public hearing.***
4. Affidavit After the applicant has mailed the notification letters and posted the PUBLIC NOTICE signs on the property, the applicant shall submit and Affidavit of Notification and Posting and proof of mailing to the Planning Department. A copy of this Affidavit is attached hereto.

SAMPLE LETTER

<<Applicant>>
<<Applicant's Street Address>
<<App. Town>>, <<App. State>> <<App. Zip Code>>

<<Today's Date>>

<<Surrounding Owner's Name>>
<<Owner's Street Address>>
<<Own. Town>>, <<Own. State>> <<Own. Zip Code>>

RE: _____

Dear <<Surrounding Owner's Name>>:

This is to Notify you that there will be a public hearing before the Town of Islip Planning Board at Town Hall, 655 Main Street, Islip, New York on <<Hearing Date>> at <<6:30>> P.M.

The purpose of this hearing is to discuss the merits of the proposal for the above captioned property to:

- a. Change the zoning district from _____ to _____.
- b. Obtain a Special Permit from the Town/Planning Board for
_____.
- c. Modify the site plan design for
_____.
- d. Modify the following deed covenant or stipulation filed with the Suffolk County Clerk:
_____.

Proposed plans and/or surveys can be reviewed at the Planning Department located at the Islip Town Hall, 655 Main Street, Islip, New York or by Telephone at (631) 224-5450.

Although written notification is given only to those within 200 feet of the subject property, please feel free to mention this application to any neighbor who may care to attend. At this meeting, all who choose to speak will be given the opportunity to be heard. This meeting is a major influence on the outcome of this application. If you have any interest in this proposal, we urge you to attend.

Very truly yours,

<<Signature of Applicant>>

LIST OF PROPERTY OWNERS WITHIN 200 FEET OF THE PERIMETER OF THE SUBJECT PARCEL

NOTE: Include NAME, ADDRESS, and TAX MAP NUMBER for each property owner.
ALL ENTRIES MUST BE TYPED.

<u>SAMPLE</u> NAME ADDRESS TAX MAP NUMBER		

NAME OF PREPARER: _____ TITLE: _____

ADDRESS: _____

SIGNATURE OF PREPARER: _____ DATE: _____

NOTARY: _____

NOTE: Reproduce this sheet as needed for additional address list space.

AFFIDAVIT OF NOTIFICATION AND POSTING

STATE OF NEW YORK

ss:

COUNTY OF SUFFOLK

THE UNDERSIGNED, being duly sworn, deposes and says that in compliance with the requirements of the Islip Town Planning Board, hereby certifies that all property owners within 200 feet of the subject zoning application located at _____, Town of Islip, Suffolk County, New York have been notified by certified mail (as per the attached certified mail receipts) dated _____ advising said property owners within 200 feet that a public hearing will be held by the Islip Town Planning Board at 6:30 p.m. on _____, 20____ at the Islip Town Hall, 655 Main Street, Islip, New York and that the applicant has conspicuously posted signs on the property advertising the date, time, and reason for the public hearing before the Planning Board.

Signature

Print Name

Sworn to before me this

_____ Day of _____, 20 _____

Notary Public

DISCLOSURE AFFIDAVIT

Tax Map No. 0500- _____

Re: Application of _____

Location of Property _____

STATE OF NEW YORK)

: SS.:

COUNTY OF SUFFOLK)

That in connection with the above captioned application to the Planning Board, I, _____ the (applicant herein), (an officer or agent of the corporate applicant, namely, its _____, swear or affirm under the penalties of perjury, that no other person will have any direct or indirect interest in this application except _____ (in case of corporations, all officers of the corporations and stockholders owning more than 5% of the corporation stock must be listed. Use attached sheet, if necessary).

That* (I am not) (none of the officers or stockholders are) related to any officer or employee of the Town of Islip, except _____.

That there is not any state or local officer or employee, a member of a board of commissioners of local public authorities or other public corporation within the county (exclusive of a volunteer firemen or civil defense volunteer) interested in such application.

Sworn to before me this
_____ Day of _____, 20____

* cross out the phrase where it is not appropriate